### REQUEST FOR CHANGE

Note: If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

Date of Request: FEBRUARY 6, 1998 Town: PLAINVILLE

	ECTION/ITEM D BE CHANGED	CURRENT INFORMATION	91	HANGE FORMATION TO:	REASON/ COMMENTS		
I.	Name of Installation	I M O INDUSTRIES	GEMS	SENSORS INC	. PER '97 SQG REPORT		
II.	Location of Installation						
III.	Mailing Address of Installation						
IV.a.	Installation Contact's Name						
b.	Installation Contact's Title						
c.	Installation Contact's Phone				-		
V.a.	Ownership						
b.	Property Owner				·		
VI.	Originally notif (please circle) CESQG ( <100 k	g/month )	Cha Sta	nge tus to:			
	T/S/D Facility						

### REQUEST FOR CHANGE

Note: If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CTD 065511966 Company Name: TRANSAMERICA DELAVAL INC

Date of Request: 7/14/95 Town: PLAINVILLE

	CTION/ITEM BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/ COMMENTS		
ī.	Name of Installation	TRANSAMERICA DELAVAL INC	I M O INDUSTRIES	PER 93 SQG REPOR		
II.	Location of Installation		10			
III.	Mailing Address of Installation	COWLES RD PLAINVILLE CT	1 COWLES ROAD PLAINVILLE CT 06062	•		
IV.a.	Installation Contact's Name					
b.	Installation Contact's Title					
c.	Installation Contact's Phone					
V.a.	Ownership					
b.	Property Owner					
VI.	Status Originally notic (please circle) SQG ( <100 )		Change Status to:			
		1000 kg/month) >1000 kg/mth)	FACILITY Gems Sensors.			
	T/S/D Facil	ity				

EPA



# STATE OF CONNECTICUT DEPARTMENT OF ENVIRONMENTAL PROTECTION



August 9, 1984
NOTICE OF VIOLATION
NV No. 0148
DEP/HW No.

Trans America Delaval, Inc. Red-Lee Division 80 Sheldon Road Manchester, Connecticut 06040

Gentlemen:

During our inspection on July 2, 1984, it was noted that your company is in violation of Connecticut's Hazardous Waste Management Regulations. Therefore, we are enclosing the following for your immediate attention and action:

- 1. Notice of Violation NV No. 0148;
- 2. A copy of our inspection report dated July 2, 1984; and
- 3. A copy of the Connecticut Hazardous Waste Management Regulations.

Should you have any questions, please contact Mr. Jim Ray at 566-4869 or 566-5712.

Very truly yours,

Stephen W. Hitchcock

Director

Hazardous Materials Management Unit

SWH: JR: kls

Enclosures

Phone:



## STATE OF CONNECTICUT

### DEPARTMENT OF ENVIRONMENTAL PROTECTION



### HAZARDOUS WASTE MANAGEMENT SECTION

#### Motice of Violation

W. No. 0148

DEP/HW No.

TO:

Trans America Delaval, Inc. Red-Lee Division 80 Sheldon Road Manchester, Connecticut 06040

You are hereby notified of violation(s) of State Regulations and/or State Statutes regarding hazardous/industrial waste management (referenced below).

Within sixty (60 ) days after receipt of the Notice, you must correct the violation(s) so as to comply with the specified Regulations and/or Statutes, and also

SUBMIT IN WRITING to the

Enforcement Group

Hazardous Waste Management Section Department of Environmental Protection

165 Capitol Avenue

Hartford, Connecticut 06106

the details of the specific corrective action you HAVE taken which resulted in compliance. Failure to do so will require us to issue a State Order. Please be advised that intentional falsification of information is subject to criminal penalties under State and Federal laws.

You are invited to confer with us about this NOTICE before the end of the period specified above. If you do not initiate such a conference within that period, you shall be considered to have waived this opportunity. Please contact the Hazardous Waste Management Section at 566-5712 or 566-4869 regarding any questions.

Hazardous Materials Management Unit

Regarding

Violation(s) of State Regulation(s) and/or Statute(s); Section(s)

Inspection Schedule and Log Personnel Training

Contingency Plan

25-54cc(c)-29 25-54cc(c)-31

25-54cc(c)-28

Copies of these Regulations and Statutes are available for your reference in our office.

							RETURI	N OI	FSE	RVICE			
A	сору	of	the	foregoing	NOTICE	was	submitted	to	the	above-named	as	indicated	below:
(	)	P	erson	nally deliv	vered to	,				on			

( XX ) Certified Mail to the usual place of business or residence. Registration No. 165 Capitol Avenue • Hartford, Connecticut 06106 P 447 846 872

lease print or type v	with ELIT De (12 o	characters/inch) in the unshaded	d areas only.	GSA No. 0246-EPA-OT
2.FPA	u.s. El	ON OF HAZARDOUS V	ON AGENCY	Y INSTRUCTIONS: If you received a preprinted
INSTALLA- TION'S EPA I.D. NO. NAME OF IN- STALLATION	NOTHICATE			information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label complete all items. "Installation" means a
INSTALLA- TION I. MAILING ADDRESS	PLEAS	E PLACE LABEL IN T	HIS SPACE	single site where hazardous waste is generated treated, stored and/or disposed of, or a trans porter's principal place of business. Please refeto the INSTRUCTIONS FOR FILING NOTIFICATION, before completing this form. The
LOCATION OF INSTAL- LATION				information frequested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).
OR OFFICIAL U	USE ONLY	COMMEN	TS	Charles of the Control of the Contro
16	ON'S EPA I.D. NUME		E RECEIVED	Mar 25 12 04 PM *81
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V. INSTALLAT	TION CONTACT	ND TITLE (last, first, & job title	(3)	PHONE NO. (area code & no.)
B LA IR	CH A RL	ES MFG M	A NA GER	45 46 - 48 49 - 51 52 - 55
V. OWNERSHIP	XI WINDS	A. NAME OF INSTALLATION	ON'S LEGAL OWNER	
8 T RA NS	AMERIO	A DE LAVAL	INC	- 55
B. TYPE OF (enter the appropr	OWNERSHIP iate letter into box)	The second secon		IY (enter "X" in the appropriate box(es))  B. TRANSPORTATION (complete item VII)
F = FEDERA M = NON-FE		A. GENERATION  To the state of		D. UNDERGROUND INJECTION
	56 TE	N (transporters only – ente	EDITORIST AND COMPANIES AND THE STATE	riate box(es))
A. AIR	B. RAIL		BODO PARISAL DE CARRES DE CARRON DE LA PROPERTIDA	OTHER (specify):
	SUBSEQUENT No opropriate box to indi- first notification, enter	OTIFICATION cate whether this is your installer your Installation's EPA I.D. N	ation's first notification umber in the space prov	of hazardous waste activity or a subsequent notification vided below.  C. INSTALLATION'S EPA I.D. NO.
🕅 A. FIRS	T NOTIFICATION	B. SUBSEQUENT N	OTIFICATION (comple	ete item C)
IX. DESCRIPTION	ON OF HAZARDO	US WASTES	ion	
Please go to the rev EPA Form 8700-1	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO	provide the requested informat	THE COMMISSION OF THE PARTY OF	CONTINUE ON REVER

				WCTDO65	5119662
X. DESCRIPTION OF HAZ	ARDOUS WAST	ES (continued from )	front)	1 2	13 14
A. HAZARDOUS WASTES FRO waste from non—specific source	M NON-SPECIFIC	SOURCES. Enter the	four-digit number from	40 CFR Part 261,31 for	each listed hazardous
	2	3	4	5	6
F0 0 1					
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
. HAZARDOUS WASTES FROI specific industrial sources your				R Part 261,32 for each li	sted hazardous waste from
13	14	15	16	17	18
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8 89 40	2 8 8			1 14 14 15 15 15 15	
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				23 - 26	
C. COMMERCIAL CHEMICAL P stance your installation handle	RODUCT HAZAR s which may be a h	DOUS WASTES. Enter pazardous waste. Use add	the four—digit number f ditional sheets if necessa	rom 40 CFR Part 261.3	3 for each chemical sub-
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37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
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<ul> <li>LISTED INFECTIOUS WAST hospitals, medical and research</li> </ul>	ES. Enter the four laboratories your	<ul> <li>digit number from 40 installation handles. Use</li> </ul>	CFR Part 261.34 for eac e additional sheets if nec	th listed hazardous waste essary.	from hospitals, veterinary
49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
E. CHARACTERISTICS OF NOI hazardous wastes your installar	N-LISTED HAZAI tion handles. (See	RDOUS WASTES. Mark 40 CFR Parts 261.21 -	"X" in the boxes correct 261.24.)	sponding to the characte	ristics of non-listed
1. IGNITABLE	The state of the s	2. CORROSIVE	☐3. REAC (D003)		4. TOXIC
K. CERTIFICATION					
I certify under penalty of attached documents, and the I believe that the submitted mitting false information, in	hat based on my I information is	inquiry of those ind true, accurate, and c	lividuals immediately omplete. I am aware	responsible for obtain	ning the information,
IGNATURE	33.07		ICIAL TITLE (type or p	orint)	DATE SIGNED

EPA Form 8700-12 (6-80) REVERSE

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

I.D. - FOR OFFICIAL USE ONLY

PA Form 8700-12 (6-80)

Form Approved OMB No. 158-S79016

CONTINUE ON REVERSE

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IX. DESCR	RIPTION (	OF HAZA	ARDOUS	WASTES (	continued f	rom front)				100		T
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B. HAZARD	OUS WAST	TES FROM	A SPECIF	IC SOURCES.	Enter the for	our—digit nu	imber from 4	10 CFR Part	261.32 for	each listed	nazardous	waste from
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D. LISTED	INFECTIO	US WAST	ES. Ente	r the four—dig ries your insta	it number fro	om 40 CFR	Part 261.34 itional sheets	for each liste s if necessary	ed hazardoi /.	us waste tro	om nospital	s, veterman
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